

**THE HONORABLE HILDA L. SOLIS
ACADEMY INFORMATION FORM**

Name: _____ Social Security No.: _____
(Last, First, Middle)
Address: _____ Telephone No.: (____) _____
_____ Date of Birth: _____
Name of Parents: _____ Place of Birth: _____
Parents' Addresses (if different) _____
Expected Date of Graduation: _____ High School Attended: _____
SAT Scores: Math: _____ Verbal: _____ GPA: _____ Rank in Class: _____
Height: _____ Weight: _____ Vision: _____

EXTRA CURRICULAR ACTIVITIES

Work Experience: _____

Jr. ROTC: _____
Student Government: _____
School Clubs: _____
School/Sports/Band/Etc.: _____
Church/Community Clubs/Service: _____
Honors/Awards: _____
Other: _____

REASONS(S) FOR WANTING TO ATTEND AN ACADEMY: _____

ACADEMY CHOICES IN ORDER OF PREFERENCE:

1. _____ 3. _____
2. _____ 4. _____

I VERIFY THAT I AM A RESIDENT OF THE THIRTY-FIRST DISTRICT.

Applicant Signature: _____ Date: _____